4,

Form 990-T	E	Exempt Organization Bus	,	OMB No 1545-0687			
	For cal	lendar year 2018 or other tax year beginning OCT 1 , 20	18	, and ending SEP	30, 2019		2018
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for ir Do not enter SSN numbers on this form as it may	be ma	de public if your organiz			Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name c	hanged	l and see instructions.)	1 10	(Empl	oyer identification number oyees' trust, see ctions)
B Exempt under geotion	Prin <u>t</u>			-0497753			
X 501(c)(3	or Type	Number, street, and room or suite no. If a P.O. box		ated business activity code instructions)			
408(e) 220(e)	Type	15475 Gleneagle Drive					
408A 530(a)		City or town, state or province, country, and ZIP o	r foreig	n postal code			
529(a)	<u> </u>	Colorado Springs, CO 80921				72232	20
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>	1 1 22073	TT 4044 \		
		G Check organization type x 501(c) corp			401(a)		Other trust
	•	tion's unrelated trades or businesses.	3		the only (or first) uni		
trade or business here					complete Parts I-V.		
		ce at the end of the previous sentence, complete Pa	arts I ar	id II, complete a Schedule	e M for each addition	al trade	or
business, then complete						1.7	I I
• • •		poration a subsidiary in an affiliated group or a parei	nt-subs	idiary controlled group?	▶ L	Ye	s 🗶 No
		tifying number of the parent corporation.		Talanh	one number 🕨 (3	110\	401 0100
J The books are in care of		de or Business Income		(A) Income	(B) Expenses		(C) Net
			T	(A) Income	(b) Expenses		(0)
1a Gross receipts or sale		144,000.		144,000.		_	
b Less returns and allow		c Balance	1c 2	114,487.			
2 Cost of goods sold (S			3	29,513.			29,513.
3 Gross profit. Subtract			4a	23,313.			27,313.
4a Capital gain net incom	•	•	4a 4b				
0 111 11 1 1 1 1		art II, line 17) (attach Form 4797)	4c				
		ship or an S corporation (attach statement)	5	7.		-	
6 Rent income (Schedu		sinp of all o corporation (attach statement)	6	P.C.	ENE		
7 Unrelated debt-finance		ne (Schedule F)	7		'Y/ h		
		and rents from a controlled organization (Schedule F)	18	A	11: 27 ON	,	
		on 501(c)(7), (9), or (17) organization (Schedule G	9	MS L.	SAS CITY, MI	ون	
10 Exploited exempt acti			10	~~/	(S40 / C(1)		
11 Advertising income (S	-		11		TO CAN		
12 Other income (See in			12		1190	5	
13 Total, Combine lines	3 throu	gh 12	13				29,513.
Part II Deduction	ns No	t Taken Elsewhere (See instructions for	or limita	ations on deductions)			
(Except for e	contribi	utions, deductions must be directly connected	d with	the unrelated busines	s income)		
14 Compensation of off	icers, di	rectors, and trustees (Sehedule K)				14	
15 Salaries and wages						15	6,543.
16 Repairs and mainten	ance					16	
17 Bad debts						17	
18 Interest (attach sche	dule) (s	ee instructions)				18	
19 Taxes and licenses						19	656.
		e instructions for limitation rules) See Stateme	ent 3	See Statemen	t 1	20	962.
21 Depreciation (attach	4	/		21			
·	aimed oi	n Schedule A and elsewhere on return		22a		22b	
23 Depletion						23	
24 Contributions to defi		mpensation plans				24	
25 Employee benefit pro	_					25	1,965.
26 Excess exempt expe						26	
27 Excess readership of					_	27	
28 Other deductions (at				See Statemen	τ 2	28	9,726.
29 Total deductions. A				01 1 15		29	19,852.
		ncome before net operating loss deduction. Subtrac				30	9,661.
,	_	loss arising in tax years beginning on or after Janua	ry 1, 20	וא (see instructions)		31	0.661
		ncome. Subtract line 31 from line 30		· · · · · · · · · · · · · · · · · · ·		32_	9,661.
823/701 01-09-19 LHA FO	or Paper	work Reduction Act Notice, see instructions.					Form 990-T (2018)

Form 990-T	(200)	Bethesda Foundation			47-0497	753		1	Page 2
Part/	r i	Total Unrelated Business Taxal	ole Income						
138	Total	of unrelated business taxable income compute	ed from all unrelated trades or businesses	(see instructions)		1	3	10,	136.
34	Amou	ints paid for disallowed fringes				- T	4		
35	Dedu	ction for net operating loss arising in tax years	beginning before January 1,2018 (see in	structions)		8	5		
36		of unrelated business taxable income before s				П			
• •		33 and 34		7 1		1 3	6	10,	136.
37		fic deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)	•	8	5 3	7	1,	000.
38		ated business taxable income. Subtract line		ne 36.	_	. H		· · · · ·	
		the smaller of zero or line 36	• · · · · · · · · · · · · · · · · · · ·		•	1 3,	в	9.	136.
Part/		Tax Computation		· · · · · ·	+	}' 	<u> </u>		
h		nizations Taxable as Corporations. Multiply li	ne 38 hv 21% (0.21)			3	9	1,	919.
140		s Taxable at Trust Rates. See instructions for		int on line 38 from:	•	'H		<u>'</u>	
70		Tax rate schedule or Schedule D (For	· 1 \ .	1 1		. 🖟	n		
41		tax. See instructions	" 1041) li la 10-la -	11		. \$			
42	•	native minimum tax (trusts only)	MIVT	1 1		_	2		
43		n Noncompliant Facility Income. See Instruc	tions						
43		. Add lines 41, 42, and 43 to line 39 or 40, whi			-	717		1	919.
		Tax and Payments	спечен арриез			11 3	7 1	<u></u>	,,,
	_	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a		T-			
///		credits (see instructions)		45b		\dashv			
		ral business credit. Attach Form 3800	11)	45c		-			
				45d		┨.			
		t for prior year minimum tax (attach Form 880	10100\$41) [[M]	450		┨╻	.		
		credits. Add lines 45a through 45d	•			4			010
46		act line 45e from line 44	5 2044 T 5 2007 T 5	0000 🗆 04		<u>, 4</u>		1,	919.
47		 :	Form 8611 Form 8697 Form	8866 L. Other	(attach schedule	1		-	010
48		tax. Add lines 46 and 47 (see instructions)			Ļ	11.4		<u> </u>	919.
49		net 965 tax liability paid from Form 965-A or F	orm 965-B, Part II, column (k), line 2	ay 80a		<u>' 4</u>	9		0.
	-	ents: A 2017 overpayment credited to 2018	Ψ		24	_ '			
		estimated tax payments	م	D SOB	1,55				
		eposited with Form 8868	U	50c	7	<u>•</u> -			
		gn organizations: Tax paid or withheld at sourc	ce (see instructions)	50d		4			
		p withholding (see instructions)		50e		_			
f	Credi	t for small employer health insurance premium	ns (attach Form 8941)	50f		_			
g			rm 2439						
	\Box	Form 4136 Ot	her Total	► 5pg		- 1 1)		
51		payments. Add lines 50a through 50g		1		_ _5	1	1,	878.
52		ated tax penalty (see instructions). Check if Fo		,	•	χL I	2		27.
53		ue. If line 51 is less than the total of lines 48, 4			×	914			68.
54		payment. If line 51 is larger than the total of lin			•	∙' _\$			
55		the amount of line 54 you want: Credited to 2			funded 🕨	- 5	5		
Part \	/1 5	Statements Regarding Certain	Activities and Other Informa	ation (see instru	ctions)				
56		y time during the 2018 calendar year, did the c	•		•			Yes	No
		a financial account (bank, securities, or other)		-					
	FinCE	N Form 114, Report of Foreign Bank and Finai	ncial Accounts. If "Yes," enter the name of	the foreign country					
	here								х
57		g the tax year, did the organization receive a d		r transferor to, a fo	reign trust?				Х
		s," see instructions for other forms the organiz							
58		the amount of tax-exempt interest received or							
C:	Un	ider penalties of perjury, I declare that I have examined rrect, and complete Declaration of preparer (other than	i this return, including accompanying schedules a n taxpayer) is based on all information of which pr	ind statements, and to eparer has any knowle	the best of my k dge	nowledg	ge and belief, it is	true,	
Sign		10 - 70	1 0/1 /		ſ	May the	RS discuss this	s return v	vith
Here		Munit	6//7/20 CFO, Tre	asurer & Dire	ector		parer shown belo		, I
		Signature of officer	Date Title				ions)? X Y	es [No .
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf F	PTIN		
Paid				0/17/0000	self- employe	d			
Prepa	rer	Ted R. Batson, Jr.	Jed R. Batoa	8/17/2020			P00721951		
Use Only Firm's name ▶ Capin Crouse LLP Firm's EIN ▶ 36-3990892						2			
		2435 Research P	arkway, STE 200						
		Firm's address > Colorado Spring	s, CO 80920		Phone no.	719-			
823711 01	-09-19						Form 99	9 0-T (2018)

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of invento	ory v	aluation N/A					_
1 Inventory at beginning of year	1	0.	6	Inventory at end of year	ır		6		0.
2 Purchases	2	114,487.	7	Cost of goods sold. St	ubtract l	ne 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7	114	487.
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
 Other costs (attach schedule) 	4b		property produced or acquired for resale) apply to						
5 Total. Add lines 1 through 4b	5	114,487.		the organization?					X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pe	rsonal Property	Lease	ed With Real Pro	operl	ty) 	
Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				3(a)Deductions directl	v conne	ected with the income i	n
rent for personal property is more than of rent for p			rsonal	onal property (if the percental property exceeds 50% or if ed on profit or income)	age			(attach schedule)	
(1)									
(2)									
(3)	_								
(4)									
Total	0.	Total			0.				
(c) Total Income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see in	ıstru	ctions)					
			2	. Gross income from		 Deductions directly control to debt-finant 			
1. Description of debt-fir	nanced property		_	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)							十		
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of co 3(a) and 3(b))	
(1)				%			\top		
(2)				%					
(3)				%					
(4)				%			$\neg \vdash$		
						nter here and on page 1, art I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals				>			٥.		0.
Total dividends-received deductions in	cluded in column	18		<u> </u>			-		0.

		<i>,</i>								·- <i>y</i>
			Exempt (Controlled O	rganızati	ons				
1. Name of controlled organiza	ıde	Employer intification number		related income instructions)		al of specified ments made	includ	t of column 4 ed in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)			+						-	
<u>(1)</u> (2)										
(3)			-	. —						
(4)			 					.		-
Nonexempt Controlled Organi	zations	***************************************								
7. Taxable Income	8. Net unrelated ii (see instruc		9. Total	of specified pays made	nents	10. Part of colu in the controll gross		nization's		ductions directly connected in income in column 10
(1)			-							
(2)		-	-							
(3)			-							
(4)			-							
-			-1.			Add colur Enter here and line 8, s		a 1, Part I, A)		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals					<u> </u>			0.		0.
Schedule G - Investme		a Sectio	n 501(c)(7), (9), or	(17) Or	ganizatior	1			
1. Desc	cription of income			2. Amount of	income	3. Deduction directly connection (attach scheduler)	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)	·			<u> </u>						
(3)										
(4)										
				Enter here and o Part I, line 9, co				'	•	Enter here and on page 1, Part I, line 9, column (B)
Totals			•		0.			•		0.
Schedule I - Exploited (see instru	-	ity Incon	ne, Othe	r Than Ad	vertisi	ng Income)			-
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of ui	xpenses connected production nrelated lss income	4. Net incomfrom unrelated business (cominus columination) through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity is not unrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		i								
(2)										
(3)									-	
(4)			 							
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B)		············					Enter here and on page 1, Part II, line 26
Totals		0.	0.	l						0.
Schedule J - Advertisi										
Part I Income From	Periodicals R	eported (on a Con	solidated	Basis					
1. Name of periodical	2. Gros advertisi income	ng lad	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	il 2 minus iin, comput	5. Circulai e income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						1				
(2)				7						
(3)				٦ ،						j
(4)			-							!
Totals (carry to Part II, line (5))	•	0.	(o .						0.
(11. 2. 1. 20.1.4						<u></u>				Form 990-T (2018)

Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)					-		
(3)							
(4)							
Totals from Part I		0.	0.		ı		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.			**	0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

Form 990-T	Contributions	Statement 1		
Description/Kind of Property	Method Used to Determine FMV	Amount		
Cash Only	N/A	499,333.		
Total to Form 990-T, Page 1, 1	499,333.			
Form 990-T	Other Deductions	Statement 2		
Description		Amount		
Tax Preparation Supplies Insurance Administrative Overhead Contract services		825. 262. 2,831. 5,244. 564.		
Total to Form 990-T, Page 1, 1	ine 28	9,726.		

SCHEDULE M (Form 990-T)

Department of the Treasury

Unrelated Business Taxable Income for Unrelated Trade or Business

d coding	SEP	30	2019	

For calendar year 2018 or other tax year beginning OCT 1, 2018

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Entity OMB No 1545-0687

Open to Public Inspection for

Internal Revenue Service (99) 501(c)(3) Organizations Only

Employer identification number Name of the organization Bethesda Foundation 47-0497753 532000 Unrelated business activity code (see instructions) ▶ Billboard rental Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 9 organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 11 1,300 1,300. 12 Other income (See instructions; attach schedule) 12 1,300. 1,300. Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20_	0.
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	
23	Depletion		··	23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)	Sta	tement 5	28	825.
29	Total deductions. Add lines 14 through 28			29	825.
30	Unrelated business taxable income before net operating loss deduction. Subtract lin	30	475.		
31	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018	(see		
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	475.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

. : Bethesda Foundation

Form 990-T (M)	Other	Income	Statement	4
Description			Amount	
Billboard personal proper	ty rental		1,	300.
Total to Schedule M, Part	: I, line 12		1,	300.
Form 990-T (M)	Other	Deductions	Statement	5
Description			Amount	
Tax prep fee				825.
Total to Schedule M, Part	II, line 28			825.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

d	SEP	30	2019	

Employer identification number

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning OCT 1, 2018 ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545-0687

Entity

Open to Public Inspection for 501(c)(3) Organizations Only

Name	of the organization Bethesda Foundation	Employer identificat	Employer identification number 47-0497753		
	Unrelated business activity code (see instructions) > 900099				
	Describe the unrelated trade or business Income from Pa	rtner	ship Investments		· · · · · · · · · · · · · · · · · · ·
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2		· — - <u> </u>	<u> </u>
3	Gross profit Subtract line 2 from line 1c	3			
	Capital gain net income (attach Schedule D)	4a			ļ
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) See Statement 6	5	-10,834.		-10,834.
6	Rent income (Schedule C)	6			ļ <u> </u>
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)			-	
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	-10,834.		-10,834.
14	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K)	unrelat	ed business incom	e.)	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)		, ,	20	0.
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	0.
29	Total deductions. Add lines 14 through 28			29	-10,834.
30	Unrelated business taxable income before net operating loss dedu			13 30	-10,034.
31	Deduction for net operating loss arising in tax years beginning on constructions	or arter c	January 1, 2018 (See	31	
20	Instructions) Unrelated business taxable income Subtract line 31 from line 30			31	-10,834.
<u>32</u>	Officiated publicess taxable income. Subtract line 31 from line 30		_	32	1

Bethesda Foundation

Form 990-T (M)	Income (Loss) from Partnerships	Statement 6
Description		Net Income or (Loss)
PE Premier Apollo Natural - Ordinary Business Income (loss)		-10,834.
Total Included on S	Schedule M, Part I, line 5	-10,834.